

December 1, 1999

REQUEST FOR PROPOSALS FOR NEW CLINICAL PROGRAM INITIATIVES

1. This Veterans Health Administration (VHA) Notice announces the opportunity for VHA organizational elements to compete for startup funding for new clinical program initiatives.

***NOTE:** Initiatives should offer a new or innovative approach to providing medical or health care intervention (not education or research) that is expected to enhance health outcomes.*

a. Proposed programs should not be currently mandated programs nor replicate something already proven successful (although a new approach employed in the private sector might be proposed for adaptation to VHA).

b. Each proposal is expected to incorporate clear plans for evaluating the success (or failure) of the new clinical program initiative and articulate plans for dissemination of a successful program.

2. As articulated in VHA's Prescription for Change, "The new veterans healthcare system supports innovation, empowerment, productivity, accountability and continuous improvement." This notice represents a mechanism for soliciting and supporting new clinical program initiatives to ensure that VHA concentrates appropriate resources on developing and evaluating promising innovations that, if shown to enhance the quality or productivity of the health care we provide, might be replicated beyond the test site(s). New clinical program initiatives that have been approved to date are listed in Attachment A.

3. VHA will accept proposals requesting funding for new clinical program initiatives on a semi-annual basis. Up to \$10 million will be set aside annually from the National Reserve Fund to support approved projects. Approximately half of the available funds may be allocated for each semi-annual review.

a. Most proposals are expected to include requests limited to 12 months of funding for a pilot program. With strong justification, proposals may request up to 24 total months of support; if approved, funds beyond the initial year of the award will be contingent upon availability of funds and a satisfactory progress report. Requests for more than 24 months of funding will not be considered.

b. Progress reports for proposals awarded 13 to 24 months of funding are to be submitted within 2 weeks following completion of 9 months activity, to the Office of Policy and Planning (105). Final reports are required for all funded new clinical program initiatives; these are to be submitted to the Office of Policy and Planning (105) within 60 days following the end of the total funding period. Final reports should not exceed five pages in length; they must include a summary of "lessons learned" and plans for sharing positive results.

THIS VHA NOTICE EXPIRES DECEMBER 31, 2004

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4. REQUIREMENTS

a. **Origination, Required Coordination and Approvals.** Proposals may originate from any organizational level or location within VHA. Applications should be coordinated and approved by appropriate facility leadership and the Network Director. Applications may involve more than one site, but leadership should be located clearly at one specific site. If an application originates within a VHA Headquarters organizational entity, the entity must obtain agreement from a specific Veterans Integrated Services Network (VISN) to pilot test the proposal. Proposals must be coordinated among parties with significant programmatic or implementation interests, including the appropriate facility clinical leadership, facility Director(s), Network Director(s), and VHA Headquarters program officials.

b. **VISN Matching Funds.** VISNs implementing the initiative are expected to provide matching support in cash or in kind. The proportion of matching funds provided by the VISN is one factor considered in ranking proposals for funding.

c. **National Interest.** Proposals should articulate the relationship of the proposed innovation to national VHA interests and how, if successful, the innovation might be replicated and applied beyond the test site(s).

d. **Strategic Planning Links.** Proposed programs are expected to contribute to one or more elements of VHA's strategic goals as embodied in Prescription for Change or similar programmatic goals and/or strategic objectives. Proposals also are expected to be consonant with Network business plans or VHA strategic goals and objectives

e. **Measures of Success.** Proposals are expected to incorporate explicit mechanisms for measuring and evaluating the success (or failure) of the pilot clinical program initiative in terms of specific performance measures. The evaluation plan is another major factor considered in rating proposals.

5. APPLICATION. Applications are to meet the following requirements.

a. **Administrative Content.** Applications are to contain the following information in numbered order and are to be no more than fifteen pages in length (excluding VA Form 10-0373, New Program Proposal, abstract, table of contents, transmittal letter, and any letters of support). Description of the proposed new clinical program initiative should be up to nine pages, with up to six pages available for description of the evaluation plan. Applications should be typed on standard-sized (8 ½ by 11 inch) white paper, single-spaced, with a font size no smaller than 12 characters per inch.

(1) **Abstract.** The first page of the proposal should be an abstract of the overall proposal, page numbered "i." The abstract should not exceed one page. It should include the following information in the format and order specified:

(a) Project Identification

1. Initial application; or
2. Revision or Resubmission. If a revision or resubmission supply the following:
 - a. Previously assigned #;
 - b. Primary Applicant (s): First Name, Last Name, Degree(s);
 - c. Lead VA health care facility;
 - d. Pilot sites (specify all, including lead if applicable); and
 - e. Project Title.

(b) Brief Project Description. Articulate primary objectives of the proposal. Describe the key elements of the proposed new clinical program initiative. Briefly note the rationale for the proposed innovation, including why it is perceived as being new or innovative and its potential national interest. Specify primary pertinent VHA strategic objectives. Identify proposed key measures of success. (350 word limit)

(c) Anticipated Costs. At bottom of the abstract (page i), present the following information in the format specified; articulate “in kind” contributions in dollars:

Anticipated duration of requested project (total months): _____
Total Projected Cost (\$): _____
Year 1 Request (\$ and FTE): _____ Year 1 Network Contribution \$: _____
Year 2 Request (\$ and FTE): _____ Year 2 Network Contribution \$: _____

(2) **Contents.** This is to be “page number “ii.” List all sections of the application (including any appendices) and the initial page number for each.

(3) **Proposal Narrative.** The narrative should include the following sections.

(a) Objectives of Proposed Initiative. Articulate the goals and/or objectives of the proposed clinical program innovation.

(b) Links to National Interest, VHA Strategic Goals and Objectives. Explain the relationship of the proposed innovation to national interests. Describe how the proposed initiative is expected to contribute to specific objectives and/or proposed actions in VHA strategic goals and/or objectives (include specific plan, objective number and title).

(c) Description of Specifics. Description of specific innovation and implementation plans,

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timeline and milestones (including reference to Gantt chart to be placed at end of narrative section). If the proposal includes optional levels of activity, articulate explicitly what each of the levels would be expected to accomplish. Specify the minimal program size in terms of funding, Full-time Employee Equivalent (FTEE) and workload required. Identify and articulate any economy of scale considerations. If the proposal requires funding for more than one year, include a justification for the requested (up to 12 additional months) additional funding and a statement of how the project will be managed if out-year funding is not approved. Clearly describe the facilities and resources required, indicating which are available and which would be obtained if the initiative is funded. Include space, data processing capacity, access to VA staff and major equipment and/or supplies. Describe the role of each member of the clinical program initiative team (including evaluation personnel) and how any necessary coordination will be accomplished. Describe the track record of lead personnel and of participating facilities in implementing similar or related programs. Describe track record of evaluation personnel in conducting similar evaluations.

(d) Background and Rationale. Present the rationale, including: 1) why proposed initiative is perceived as being new or innovative; and 2) any available supporting information from literature or pilot tests, for the expectation that the initiative will meet the articulated goals and/or objectives.

(e) Links to Validated Guidelines. Describe the relationship of plans proposed to specific validated practice guidelines, if applicable and/or appropriate.

(f) Relationship to VHA or Network Business Plans. Explain how the proposal relates to current VHA and/or Network business plans.

(g) Coordination. Indicate which offices have been involved in developing and/or reviewing the proposals and which are in support of, or opposed to, the proposal. Reference appended letters of support where appropriate. **NOTE:** *Letters of support from elected officials should not be submitted or solicited.*

(h) Measures of Success. Describe proposed performance measures, including quality measures and associated specific performance requirements, for the clinical program initiative. Articulate pertinent links to existing national or network performance measures; fully specify explicit measures. Specify plans for collecting and analyzing evaluation data, and the degree of performance to be attained to justify continuation of the program without centralized funding. Specify anticipated indicators for success and suggest plans for accomplishing broader dissemination and adoption of the innovation (by other facilities and networks), if successful.

(i) Summary. Summary of expected “added value” of the requested funding, in terms of anticipated accomplishments attributable to the new clinical program initiative. **NOTE:** *Include a Gantt chart for clarity of anticipated accomplishments and related milestones; reference sample in Attachment B.*

(4) **Appendices.** Appendices should include only:

(a) Transmittal Letter. Transmittal letter approved and signed by VISN Director or appropriate Chief Officer. Letter should articulate why the program is perceived as new or innovative and how it would contribute to the national interest.

(b) Biographical Sketches. Biographical sketches of key personnel (specifically, program managers and key evaluation personnel).

(c) Letters of Support. Letters of support (e.g., from important program participants and/or consultants if applicable and/or VISN Director for network where pilot is planned, if a Chief Officer initiative). Letters of support from elected officials should not be submitted or solicited.

NOTE: *Any proposal without a signed letter of support articulating why the program is perceived as new or innovative from the VISN director for the network where the pilot is planned, will be returned without review.*

b. **Technical Content.** **NOTE:** *For instructions on filling out VA Form 10-0373, see Attachment C.* Information not requested on this form (such as: estimation procedures for workload, FTE, and costs; rationale for shifts in resources; and justification for funds requested for equipment or supplies) should be provided on separate pages. Provide the following information on VA Form 10-0373.

(1) **Workloads.** Specify whether at local VA medical center or VISN). Include:

(a) Appropriate Workload Measures,

(b) Workload Estimation Procedure,

(c) Workload Projection by year, and

(d) Workloads shifted from overlapping programs, with rationale for shift.

(2) **FTE.** Specify whether at local VA medical center or VISN. Include:

(a) FTE estimation procedure,

(b) FTE requirements, by type of employee by year, and

(c) FTE shifted from overlapping programs, by type of employee by year with rationale for shift.

(3) **Costs.** Specify whether at local VA medical center or VISN. Include:

(a) Cost estimation procedure,

(b) Net funding requirements by year, including years beyond the initial year,

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(c) Funding that can be shifted from overlapping programs by year, and

(d) Cost savings and/or avoidance (if applicable).

c. **Signatures.** Each proposal should include as part of the appended transmittal letter evidence of support by the appropriate VISN Director(s) or Chief Officer(s). Evidence of coordination among involved parties and support by the local facility director(s) also is required.

d. **Due Date.** Applications must be received by the first business day after January 1 and July 1 of each year. ***NOTE:*** *Award dates are April 1 for January submissions and October 1 for July submissions.*

e. **Submission.** An unbound original and twelve copies of each application are to be submitted to:

Chief Research and Development Officer (124A) [Room 784]
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

6. **PROPOSAL REVIEW PROCESS.**

a. A committee of both field and headquarters personnel, reflecting appropriate subject matter expertise and knowledge of the VHA health care system, will be selected to review applications. Headquarters members will be from the offices listed below. Reviewers generally will be asked to review all criteria, but selected reviewers will emphasize issues identified in parentheses. In addition, the Office of Finance is asked to review all the financial sections of all the proposals, and the Chief Network Officer representative is asked to review all proposals in terms of potential individual and across-network contribution and innovativeness. The committee consists of representatives from the:

(1) Office of Policy and Planning (linkage to current planning activities).

(2) Office of Patient Care Service (clinical aspects).

(3) Office of Quality and Performance (quality initiatives, performance measures and Measurement strategies).

(4) Office of Research and Development (state of the art/science in the area).

(5) Office of Finance (finance and budget).

(6) **Office of the Chief Network Officer.** (potential contribution with the specific network

and overall network plans)

NOTE: *The Chief Research and Development Officer, or designee, will chair the review committee.*

b. Proposals are expected, at a minimum, to be responsive to this directive, complete, clear, and well organized. Proposal review criteria will emphasize:

(1) Significance, originality, and appropriateness of objectives in terms of encouraging promising new clinical program innovations of importance to VHA national interests, including:

(a) Clear rationale for new or innovative nature of initiative; and

(b) Evidence of clear and explicit potential contributions to VHA strategic objectives.

(2) Quality and feasibility of specific initiative and implementation plans. Consideration of this issue includes: how well initiative is defined; evidence of appropriate coordination and collaboration; evidence of facility and/or network interest (including degree of matching funds offered); consistency with VHA and/or Network business plans; and rationale supporting the possibility for the initiative's meeting articulated goals and/or objectives (including links to validated practice guidelines, if applicable).

(3) Quality and appropriateness of proposed performance measures and plans for collecting and analyzing evaluation data, including proposed indicators and plans (if warranted) for broader dissemination and potential adoption of the innovation.

(4) Track record of proposed program leadership and of participating site(s) based on evidence regarding:

(a) Successes in applying other clinical program innovations, or

(b) Commitment to applying new clinical program innovations.

(5) Appropriateness of proposed budget and "added value" of National Policy Board's contribution.

(6) Anticipated "added value" of expected accomplishments and timeliness relative to projected total costs of proposed new clinical program initiative.

c. Applications will be reviewed and those recommended for approval will be prioritized within 2 months of the receipt date; others will be notified within 4 weeks of the review. Proposals recommended for approval will be forwarded to the Policy Board, which will make recommendations regarding funding within the following 6 weeks. Final funding decisions will be made by the Under Secretary for Health.

d. Applicants will be notified of the final funding decision approximately 3 months after the

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proposal receipt date.

7. REPORTS.

a. Applicants who receive approvals for 2-year funding (always contingent upon availability of funds and satisfactory progress) should submit (at the end of 9 months of funding) an information copy of the progress report to 124A, and an original plus two copies of the progress report for action to:

Chief Policy and Planning Officer (105)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, D.C. 20420

b. A final report for each funded project is required. It should be submitted to the Chief Policy and Planning Officer (105). An information copy should be sent to the Office of Research and Development (124A).

8. RESPONSIBILITY: The Office of Research and Development (12) and the Office of Policy and Planning (105) are responsible for the contents of this Directive.

***NOTE:** For information about proposal procedures and review, contact Caryn Cohen, M.S., or Shirley Meehan, M.B.A., Ph.D., Deputy Director, Health Services Research and Development Service (202-273-8287). For information about submission and/or processing of progress or final reports, contact the Office of Policy and Planning (202-273-8932).*

9. RECISSIONS: This Notice expires December 31, 2004.

S/ Frances Murphy, M.D. for
Thomas L. Garthwaite, M.D.
Acting Under Secretary for Health

Attachments

DISTRIBUTION: CO: E-mailed 12/2/99
FLD: VISN, MA, DO, OC, OCRO, and 200 - FAX 12/2/99
EX: Boxes 104, 88, 63, 60, 54, 52, 47 and 44 - FAX 12/2/99

ATTACHMENT A

**NEW CLINICAL PROGRAM INITIATIVES THAT HAVE BEEN
APPROVED TO DATE**

NUMBER	APPLICANT (PRIMARY SITE)	TITLE
98-09-001	Audrey Nelson, RN, PhD (Tampa)	A National Program Initiative to Evaluate Spinal Cord Medicine Clinical Practice Guidelines
98-09-004	Willard S. Harris, MD (Tampa)	Quick Implementation of Web-Based Clinical Practice Guidelines through Instantaneous Links to Patient Data and Action Steps
98-09-005	Roger Casey (VISN 8)	One-VA Outreach Program for Homeless Veterans
98-09-013	Robert H. Roswell, MD (VISN 8)	Care of Veterans with Life-Limiting Illness
98-09-014	Thomas V. Holohan, MD (VHAHQ/NY) (VISNs 3,6,12,22)	Critical Time Intervention (CTI) Pilot: A Case Management Model for Dually-Diagnosed Homeless Veterans
98-09-017	Helen C. Noel, ANP, PhD (VISN 1)	Health Care Resources Utilization, Patient Satisfaction, and Clinical Efficacy of Interactive Telecommunication and Technological Computer-Based-Information Systems in the Management of Underserved Veterans in the Home Care Setting
98-09-019	Richard R. Owen, MD (VISNs 5,7,16,17)	Nurse Coordinator Intervention for Implementing Schizophrenia Guidelines

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NPI 99-023	Walter Penk, PhD (Bedford)	The Vet Construction Team
NPI 99-028	Judith Karklins, MSW, ACSW (Arkansas)	Medical Care Foster Homes: Affordable Assisted Living in Conjunction with Home Based Primary Care

Attachment B- Sample Gantt Chart																			
Start Date	Task	1999					2000					2001							
		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
4/1/99	Implement Innovation	X																	
4/1/99	Baseline Assessments	X																	
5/1/99	Follow Patients		X																
12/1/00	Submit Progress Report							X											
6/1/99	Measure Results		X															X	
8/1/00	Analyze Results																X		
4/1/99	Draft Final Report																		
6/1/99	Submit Final Report																		

SAMPLE GANTT CHART

ATTACHMENT C

VA Form 10-0373, New Program Proposal, can be obtained from the VHA Forms Web site
(<http://www.va.gov/forms/medical/SearchList.asp#FormList>) or by opening the following icon:



10-0373.pdf